U.S. District Court for the Northern District Of Illinois Attorney Appearance Form

Case Title: Essex Insurance Co. v. Housecall Physicians of Illinois, SC, et al.		Case Number: 16 CV 2580			
An appearance is hereby filed by the undersigned as attorney for: Housecall Physicians of Illinois, S.C. d/b/a MD@Home					
Attorney name (type or pr	int): Marty J. Schw	vartz			
Firm: Schain Banks Kenny & Schwartz					
Street address: 70 W. Madison St., Suite 5300					
City/State/Zip: Chicago, IL 60602					
Bar ID Number: 0312446 (See item 3 in instructions)	Telephone Number: 312.345.5700				
Email Address: mschwartz@schainbanks.com					
Are you acting as lead counsel in this case?				⊠ Yes	☐ No
Are you acting as local counsel in this case?				☐ Yes	⊠ No
Are you a member of the			⊠ Yes	☐ No	
If this case reaches trial, v	rial attorr	ney?	⊠ Yes	☐ No	
If this is a criminal case, o	heck your status.		Retained	l Counsel	
			Appointed Counsel If appointed counsel, are you a		
			☐ Federal Defender		
		☐ CJA Panel Attorney			
In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear <i>pro hac vice</i> as provided for by local rules 83.12 through 83.14. I declare under penalty of perjury that the foregoing is true and correct. Under 28 U.S.C.§1746, this statement under perjury has the same force and effect as a sworn statement made under oath.					
Executed on 4/28/16					
ttorney signature: S/ Marty J. Schwartz					etronically)